

Receipt

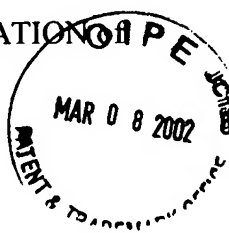
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION

JOHNSON

Appln. No.: 10/043,505

Filed: January 9, 2002



Group Art Unit: 3763

Examiner: Unknown

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Title: DEVICE FOR DELIVERING LIQUID MEDICATIONS OR NUTRIENTS AND
GASES TO LOCAL TISSUE

* * * * *

February 19, 2002

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Honorable Commissioner of
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Sir:

Please correct the attached Filing Receipt to properly designate the inventor's middle initial as "L", not "M". The necessary correction is noted in red on the attachment.

Respectfully submitted.

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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 10/043,505 | 01/09/2002 | 3763 | 370 | 265733 | 2 | 7 | 1 |

CONFIRMATION NO. 9188

FILING RECEIPT



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Kevin E. Joyce
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Date Mailed: 02/13/2002

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Applicant(s)

Lanny M. Johnson, Okemos, MI;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 02/13/2002

Projected Publication Date: 07/10/2003

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

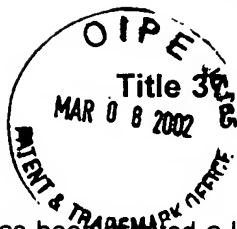
Title

Device for delivering liquid medications or nutrients and gases to local tissue

Preliminary Class

604

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Title 35, Code of Federal Regulations, 5.11 & 5.15

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Bib Data Sheet

CONFIRMATION NO. 9188

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|---|---|-------------------------------|---|--------------------------------------|--------------------------------|
| SERIAL NUMBER 10/043,505 | FILING DATE 01/09/2002 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 265733 | |
| APPLICANTS Lanny L. Johnson, Okemos, MI; ** CONTINUING DATA ***** NONE gm ** FOREIGN APPLICATIONS ***** NONE gm IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/13/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials | | STATE OR COUNTRY MI | SHEETS DRAWING 2 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 1 |
| ADDRESS Kevin E. Joyce P.O. Box 1750 Edgewater, MD 21037-7750 | | | | | |
| TITLE Device for delivering liquid medications or nutrients and gases to local tissue | | | | | |
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